

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18	1	1		
19	1	1		
20	1	1		
21	1	1		
22	2	1		
23	2	1		
24				
25				
26				
27				
28	1	1		
29	1	1		
30				
31				
32				
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42				
43				
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45				
46				
47				
48				
49				
50				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS	1	29	1	29

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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57					
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS	1	29	1	29	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS